

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM **460**

Date Stamp

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:  
(Month, Day, Year)

03/03/2020

Page 1 of 32

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5.)  
☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6.)  
☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1414380

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Nazarian for Assembly 2020

STREET ADDRESS (NO P.O. BOX)

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Covina | CA    | 91722    | (626)915-7635   |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Studio | CA    | 91604    |                 |

OPTIONAL: FAX/E-MAIL ADDRESS

626-915-6626 / Adrinforassembly@gmail.com

## Treasurer(s)

NAME OF TREASURER  
Yolanda Miranda

MAILING ADDRESS

| CITY   | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Covina | CA    | 91722    | 626-915-7635    |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020 By Yolanda Miranda  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/24/2020 By Adrin Nazarian  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Adrin Nazarian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person  
Assembly District

46

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Van Nuys CA 91401

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                     |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through                                     | 09/19/2020 | Page 3 of 32               |
| NAME OF FILER<br>Nazarian for Assembly 2020 |            | I.D. NUMBER<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$95,800.00  | \$173,075.00                               |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$95,800.00  | \$173,075.00                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$0.00   | \$334.74                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$95,800.00  | \$173,409.74                               |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$77,609.74      | \$95,800.00 |
| 21. Expenditures Made     | \$97,946.06      | \$20,962.15 |

## Expenditures Made

|  |                      |               |              |
|--|----------------------|---------------|--------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$31,972.44   | \$122,462.36 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00        | \$0.00       |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$31,972.44   | \$122,462.36 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | (\$11,010.29) | \$7,023.49   |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$0.00        | \$334.74     |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$20,962.15   | \$129,820.59 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |

## Current Cash Statement

|   |   |              |  |
|---|---|--------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$693,532.17 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$95,800.00  |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$0.00       |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$31,972.44  |  |
| 16. <b>ENDING CASH BALANCE</b> .....                      | Add Lines 12 + 13 + 14, then subtract Line 15 | \$757,359.73 |  |
| If this is a termination statement, Line 16 must be zero. |   |              |  |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

|                             |                                       |            |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00     |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$7,023.49 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |  |                            |
|---|--|----------------------------|
| Statement covers period                     |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2020                             |  |                            |
| through 09/19/2020                          |  | Page 4 of 32               |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. Number<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                              | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|---------------|--|---|--|-----------------------------|---|--|
| 8/10/2020     | American Federation of State, County & Municipal Employees- CA People<br>Sacramento, CA 95814-4602<br>Committee ID: 960772 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$4,400.00                  | \$4,400.00  | 2020P: \$6,400.00<br>2020G: \$4,400.00 |
| 7/7/2020      | America's Physician Groups CA PAC<br>Los Angeles, CA 90017<br>Committee ID: 990463   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$4,700.00                  | \$4,700.00  | 2020P: \$4,700.00<br>2020G: \$4,700.00 |
| 8/27/2020     | CA Academy of Family Physicians PAC<br>San Francisco, CA 94109<br>Committee ID: 1258616                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020P: \$2,500.00<br>2020G: \$1,500.00 |
| 9/1/2020      | CA Assoc. of Health Facilities PAC<br>Sacramento, CA 95816<br>Committee ID: 741816   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,334.74  | 2020P: \$3,035.38<br>2020G: \$1,000.00 |
| 9/17/2020     | CA Association of Highway Patrolmen PAC<br>Sacramento, CA 95818<br>Committee ID: 802001                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$9,300.00                  | \$10,600.00   | 2020P: \$2,600.00<br>2020G: \$9,300.00 |

**SUBTOTAL**

### Schedule A Summary

|   |                          |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$95,800.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$0.00                   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL</b> \$95,800.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |  |
|--|--|--|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 |  | <b>CALIFORNIA FORM 460</b><br>Page 5 of 32 |
| I.D. Number<br>1414380   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nazarian for Assembly 2020

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|---|---|--|-----------------------------|---|--|
| 9/8/2020        | CA Correctional Peace Officers Assoc. PAC (CCPOA)<br>Sacramento, CA 95814<br>Committee ID: 830349 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,000.00                  | \$2,000.00  | 2020P: \$4,100.00<br>2020G: \$2,000.00 |
| 8/3/2020        | CA Dental Association PAC (CDA PAC)<br>Sacramento, CA 95814<br>Committee ID: 742855               | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,000.00                  | \$2,000.00  | 2020P: \$4,500.00<br>2020G: \$2,000.00 |
| 7/28/2020       | CA IATSE Council PAC<br>Burbank, CA 91505<br>Committee ID: 1398390                                | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020G: \$1,000.00                      |
| 9/17/2020       | CA Machinists Non Partisan Political League<br>Sacramento, CA 95814<br>Committee ID: 761035       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$500.00                    | \$500.00  | 2020G: \$500.00                        |
| 9/17/2020       | CA New Car Dealers Assoc PAC<br>Sacramento, CA 95814<br>Committee ID: 741623                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,300.00                  | \$2,800.00  | 2020P: \$3,000.00<br>2020G: \$2,800.00 |
| <b>SUBTOTAL</b> |   |   |  |                             |   |  |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>09/19/2020</u>                         |  |                            |
|   |  | Page <u>6</u> of <u>32</u> |
| NAME OF FILER<br>Nazarian for Assembly 2020       |  | I.D. Number<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|---|---|--|-----------------------------|---|--|
| 9/17/2020       | CA New Car Dealers Assoc PAC<br>Sacramento, CA 95814<br>Committee ID: 741623                            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$2,800.00  | 2020P: \$3,000.00<br>2020G: \$2,800.00 |
| 9/1/2020        | CA Nurses Assoc PAC (CNA-PAC)<br>Sacramento, CA 95814<br>Committee ID: 780657                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$2,500.00                  | \$4,500.00  | 2020P: \$8,300.00<br>2020G: \$2,500.00 |
| 9/17/2020       | CA Optometric PAC<br>Sacramento, CA 95816<br>Committee ID: 745825                                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,300.00                  | \$1,300.00  | 2020P: \$4,700.00<br>2020G: \$1,300.00 |
| 9/12/2020       | CA Real Estate PAC-CA Association of Realtors (CREPAC)<br>Los Angeles, CA 90020<br>Committee ID: 890106 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,000.00                  | \$3,000.00  | 2020P: \$2,000.00<br>2020G: \$2,000.00 |
| 8/17/2020       | CA State Fire Fighters Assoc. PAC<br>Sacramento, CA 95811<br>Committee ID: 746229                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$500.00                    | \$500.00  | 2020G: \$500.00                        |
| <b>SUBTOTAL</b> |   |   |  |                             |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |  |
|--|--|--|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 |  | <b>CALIFORNIA FORM 460</b><br>Page 7 of 32 |
| I.D. Number<br>1414380   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nazarian for Assembly 2020

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
| 9/17/2020       | CA Teachers Assn. Assn. for Better Citizenship<br>Burlingame, CA 94010<br>Committee ID: 741941 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$9,300.00                  | \$13,950.00   | 2020P: \$4,650.00<br>2020G: \$9,300.00 |
| 7/14/2020       | California Hotel & Lodging Association PAC<br>Sacramento, CA 95816<br>Committee ID: 760808     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,300.00                  | \$2,800.00  | 2020P: \$1,300.00<br>2020G: \$2,800.00 |
| 7/28/2020       | California Hotel & Lodging Association PAC<br>Sacramento, CA 95816<br>Committee ID: 760808     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$2,800.00  | 2020P: \$1,300.00<br>2020G: \$2,800.00 |
| 8/24/2020       | CalTravel Association PAC<br>Sacramento, CA 95814<br>Committee ID: 923507                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,300.00                  | \$1,300.00  | 2020P: \$1,300.00<br>2020G: \$1,300.00 |
| 9/14/2020       | Caterpillar Employees (CATPAC)<br>Peoria, IL 61629<br>Committee ID: C00148031                  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020G: \$1,500.00                      |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>09/19/2020</u>                         |  |                            |
|   |  | Page <u>8</u> of <u>32</u> |
| NAME OF FILER<br>Nazarian for Assembly 2020       |  | I.D. Number<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|---|---|--|-----------------------------|---|--|
| 9/17/2020       | Centene Management Co., LLC(Dan Chick)<br>St. Louis, MO 63105                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020P: \$1,300.00<br>2020G: \$1,000.00 |
| 8/19/2020       | Cox Communications, Inc. and Affiliated Entities<br>San Diego, CA 92111                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  | 2020P: \$1,104.30<br>2020G: \$1,000.00 |
| 7/28/2020       | Doctors Company PAC (DOCPAC)<br>Napa, CA 94558-6270<br>Committee ID: 923140                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$3,000.00  | 2020P: \$3,000.00<br>2020G: \$1,500.00 |
| 9/18/2020       | Eli Lilly and Company PAC<br>Indianapolis, IN 46285<br>Committee ID: C00082792                | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020P: \$1,500.00<br>2020G: \$1,500.00 |
| 9/1/2020        | Tim Goodrich<br>Long Beach, CA 90802  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Arroyo Insurance<br>Insurance Broker   | \$100.00                    | \$100.00  | 2020G: \$100.00                        |
| <b>SUBTOTAL</b> |   |   |  |                             |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period<br>from <u>07/01/2020</u> |  | <b>CALIFORNIA FORM 460</b> |
| through <u>09/19/2020</u>                         |  |                            |
| Page <u>9</u> of <u>32</u>                        |  | I.D. Number<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nazarian for Assembly 2020

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
|                 | ***INTERMEDIARY***<br>ActBlue<br>Somerville, MA 02144-3132   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 9/8/2020        | Mercury General Corporation<br>Los Angeles, CA 90010   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$1,500.00  | 2020P: \$1,000.00<br>2020G: \$1,500.00 |
| 9/8/2020        | National Union of Healthcare Workers Candidate Comm. for Quality Patient Care and Union Democracy<br>Sacramento, CA 95815<br>Committee ID: 1318200 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,500.00                  | \$2,500.00  | 2020G: \$2,500.00                      |
| 8/4/2020        | Pfizer Inc.<br>Memphis, TN 38120   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$4,000.00                  | \$4,000.00  | 2020P: \$4,000.00<br>2020G: \$4,000.00 |
| 8/17/2020       | Pharmaceutical Research and Manufacturers Assn. of America PAC<br>Sacramento, CA 95814<br>Committee ID: 1282378                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$3,000.00                  | \$3,000.00  | 2020P: \$4,700.00<br>2020G: \$3,000.00 |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                     |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through                                     | 09/19/2020 | Page 10 of 32              |
| NAME OF FILER<br>Nazarian for Assembly 2020 |            | I.D. Number<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
| 8/13/2020       | Elizabeth Simons<br>Atherton, CA 94027   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | N/A<br>Retired   | \$4,700.00                  | \$4,700.00  | 2020G: \$4,700.00                      |
|                 | ***INTERMEDIARY***<br>Smart Justice California Action Fund<br>Sacramento, CA 95815                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 9/14/2020       | Southwest Regional Council of Carpenters PAC<br>Los Angeles, CA 90071<br>Committee ID: 870169            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$6,000.00                  | \$6,000.00  | 2020P: \$7,000.00<br>2020G: \$6,000.00 |
| 7/28/2020       | State Building and Construction Trades Council of CA PAC<br>Sacramento, CA 95814<br>Committee ID: 743501 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$9,300.00                  | \$9,300.00  | 2020P: \$9,300.00<br>2020G: \$9,300.00 |
| 9/14/2020       | Takeda Pharmaceuticals, USA, Inc.<br>Deerfield, IL 60015   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,500.00                  | \$3,000.00  | 2020P: \$3,000.00<br>2020G: \$1,500.00 |
| <b>SUBTOTAL</b> |  |   |  |                             |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                             |
|---|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2020</u> |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>09/19/2020</u>                         |  |                             |
|   |  | Page <u>11</u> of <u>32</u> |
| NAME OF FILER<br>Nazarian for Assembly 2020       |  | I.D. Number<br>1414380      |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)     |
|-----------------|--|---|--|-----------------------------|---|--|
| 9/9/2020        | Union of American Physicians and Dentists Medical<br>Sacramento, CA 95814<br>Committee ID: 1356185 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |  | \$2,500.00                  | \$5,000.00  | 2020P: \$5,100.00<br>2020G: \$5,000.00 |
| 8/25/2020       | West L.A Health PAC- State<br>Long Beach, CA 90802<br>Committee ID: 801508                         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,300.00                  | \$1,300.00  | 2020P: \$1,000.00<br>2020G: \$1,300.00 |
| 9/9/2020        | Adrin Yedalyan<br>Sherman Oaks, CA 91423   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Law Offices of Armen Yedalyan,<br>APLC<br>Attorney   | \$1,000.00                  | \$1,000.00  | 2020G: \$1,000.00                      |
|                 | ***INTERMEDIARY***<br>ActBlue<br>Somerville, MA 02144-3132   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| 9/14/2020       | Yocha Dehe Wintun Nation<br>Brooks, CA 95606   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$3,000.00                  | \$3,000.00  | 2020P: \$3,000.00<br>2020G: \$3,000.00 |
| <b>SUBTOTAL</b> |  |   |  | \$95,800.00                 |   |  |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA FORM 460**  
Page 12 of 32

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                            | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |  | _____%<br>RATE                   |                                | CALENDAR YEAR<br><br>PER ELECTION**     |
|  |   |  |                                    |  | DATE DUE   |                                  | DATE INCURRED                  |   |

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>13</u> of <u>32</u> |
| I.D. Number<br>1414380   |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

| FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | LOAN                             | AMOUNT<br>GUARANTEED<br>THIS PERIOD | CUMULATIVE<br>TO DATE  | BALANCE<br>OUTSTANDING<br>TO DATE |
|--|--|---|----------------------------------|-------------------------------------|--|-----------------------------------|
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                                     | CALENDAR YEAR<br>_____<br>PER ELECTION<br>(IF REQUIRED)<br>_____ |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                                     | CALENDAR YEAR<br>_____<br>PER ELECTION<br>(IF REQUIRED)<br>_____ |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                                     | CALENDAR YEAR<br>_____<br>PER ELECTION<br>(IF REQUIRED)<br>_____ |                                   |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                                     | CALENDAR YEAR<br>_____<br>PER ELECTION<br>(IF REQUIRED)<br>_____ |                                   |
| <b>SUBTOTAL</b>  |  |   |                                  |                                     | Enter on<br>Summary Page,<br>Line 17 only.                       |                                   |

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2020</u><br>through <u>09/19/2020</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>14</u> of <u>32</u> |
| I.D. Number<br>1414380   |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                  |                           |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA  
FORM **460**

Page 15 of 32

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nazarian for Assembly 2020

I.D. NUMBER

1414380

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE                         | TYPE OF PAYMENT   | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 7/2/2020  | Payee Name: Kansan Chu for Supervisor 2020<br>Candidate Name: Kansan Chu<br>County Supervisor<br>Jurisdiction: Santa Clara County | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$1,000.00            | \$1,000.00   | 2020P: \$1,000.00<br>2020G: \$1,000.00   |
|           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |   |                              |                       |  |  |
| 7/28/2020 | San Fernando Valley Young Democrats   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$250.00              | \$250.00   | 2020G: \$250.00                          |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |   |                              |                       |  |  |
|           |   | <input type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure            |                              |                       |  |  |
|           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |   |                              |                       |  |  |

**SUBTOTAL** \$1,250.00

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... **\$1,250.00**
- Unitemized contributions and independent expenditures made this period of under \$100 ..... **\$0.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$1,250.00**

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |  |
|--|--|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b><br>Page 16 of 32<br>I.D. NUMBER 1414380 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| The California Armenian Legislative Caucus<br>Sacramento, CA 95833  | CVC  |    |                        | \$1,000.00  |
| Verizon Wireless<br>Newark, NJ 07101-4989                           | OFC  |    |                        | \$148.90    |
| Chase<br>Carol Stream, IL 60197                                     |      |    | Credit card payment    | \$3,456.63  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$31,972.44              |
| 2. Unitemized payments made this period of under \$100. ....   | \$0.00                   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                   |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$31,972.44 |



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                     |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                             |  |                                |
| through 09/19/2020                          |  | Page 17 of 32                  |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. NUMBER<br>1414380         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)        | CODE | OR         | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|------------|------------------------|-------------|
| Educate Your Vote<br>Encino, CA 91436  | LIT  |            |                        | \$1,330.00  |
| Committee ID: 1345655<br>Californians for a Sustainable Future<br>Long Beach, CA 90802 | LIT  |            |                        | \$1,831.36  |
| Committee ID: 1417479<br>Our California Latino Voters Guide<br>Los Angeles, CA 90041   | LIT  |            |                        | \$3,768.00  |
| Committee ID: 596004<br>Petty Cash<br>Van Nuys, CA 91401                               | OFC  | Petty Cash |                        | \$99.95     |
| Registrar Recorder of L.A. County<br>Norwalk, CA 90650                                 | FIL  |            |                        | \$46.89     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                     |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                             |  |                                |
| through 09/19/2020                          |  | Page 18 of 32                  |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. NUMBER<br>1414380         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| The Postal Pouch<br>Studio City, CA 91604                                       | POS  |    |                        | \$215.40    |
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                               | CNS  |    |                        | \$2,500.00  |
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                               | CNS  |    |                        | \$2,500.00  |
| Chase<br>Carol Stream, IL 60197   |      |    | Credit card payment    | \$1,017.25  |
| Verizon Wireless<br>Newark, NJ 07101-4989                                       | OFC  |    |                        | \$154.63    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                            |
|---|--|----------------------------|
| Statement covers period                     |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2020                             |  |                            |
| through 09/19/2020                          |  | Page 19 of 32              |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. NUMBER<br>1414380     |

SEE INSTRUCTIONS ON REVERSE

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Chase<br>Carol Stream, IL 60197   |      |    | Credit card payment    | \$993.39    |
| Coalition for Senior Citizens Security<br>Los Angeles, CA 90039                     | LIT  |    | Slate                  | \$493.00    |
| Committee ID: 592015<br>Our Voice Latino Voter Guide<br>Los Angeles, CA 90039       | LIT  |    | Slate                  | \$317.00    |
| Committee ID: 599015<br>Progressive Voter Guide<br>Los Angeles, CA 90039            | LIT  |    | Slate                  | \$428.00    |
| Committee ID: 1385678<br>Council of Concerned Woman Voters<br>Los Angeles, CA 90039 | LIT  |    | Slate                  | \$564.00    |
| Committee ID: 1226327   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                     |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                             |  |                                |
| through 09/19/2020                          |  | Page 20 of 32                  |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. NUMBER<br>1414380         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| San Fernando Valley Young Democrats<br>Covina, CA 91722                         | CTB  |    |                        | \$250.00    |
| Committee ID: 1274758<br>Yolanda Miranda & Assoc.<br>Covina, CA 91722           | PRO  |    |                        | \$1,500.00  |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                                    | OFC  |    |                        | \$5.50      |
| Registrar Recorder of L.A. County<br>Norwalk, CA 90650                          | FIL  |    |                        | \$5,800.00  |
| Petty Cash<br>Van Nuys, CA 91401  | OFC  |    |                        | \$86.62     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                     |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020                             |  |                                |
| through 09/19/2020                          |  | Page 21 of 32                  |
| NAME OF FILER<br>Nazarian for Assembly 2020 |  | I.D. NUMBER<br>1414380         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
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| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Petty Cash<br>Van Nuys, CA 91401  | OFC  |    |                        | \$45.41     |
| Verizon Wireless<br>Newark, NJ 07101-4989                                       | OFC  |    |                        | \$149.37    |
| Chase<br>Carol Stream, IL 60197   |      |    | Credit card payment    | \$904.31    |
| California Early Voter Guide<br>Long Beach, CA 90802                            | LIT  |    |                        | \$951.06    |
| Committee ID: 1387464<br>Chase<br>Carol Stream, IL 60197                        |      |    | Credit card payment    | \$1,267.81  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                     |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020                          |            | Page 22 of 32                  |
| NAME OF FILER<br>Nazarian for Assembly 2020 |            | I.D. NUMBER<br>1414380         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Verizon Wireless<br>Newark, NJ 07101-4989                                       | OFC  |    |                        | \$147.96    |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$31,972.44

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                 | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                                      | CNS                               | \$2,500.00  | \$0.00                                | \$2,500.00  | \$0.00   |
| Educate Your Vote<br>Encino, CA 91436  | LIT                               | \$1,330.00  | \$0.00                                | \$1,330.00  | \$0.00   |
| Committee ID: 1345655<br>Californians for a Sustainable Future<br>Long Beach, CA 90802 | LIT                               | \$1,831.36  | \$0.00                                | \$1,831.36  | \$0.00   |
| Committee ID: 1417479  |                                   |   |                                       |   |  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$7,023.49
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$18,033.78
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$11,010.29)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

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NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Verizon Wireless<br>Newark, NJ 07101-4989                              | OFC                               | \$148.90  | \$0.00                                | \$148.90  | \$0.00   |
| Chase<br>Carol Stream, IL 60197  | Credit card payment               | \$3,456.63  | \$0.00                                | \$3,456.63  | \$0.00   |
| Our California Latino Voters Guide<br>Los Angeles, CA 90041            | LIT                               | \$3,768.00  | \$0.00                                | \$3,768.00  | \$0.00   |
| Committee ID: 596004<br>Chase<br>Carol Stream, IL 60197                | Credit card payment               | \$993.39  | \$0.00                                | \$993.39  | \$0.00   |

**SUBTOTALS**



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                      | CNS                               | \$2,500.00  | \$0.00                                | \$2,500.00  | \$0.00   |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | PRO                               | \$1,500.00  | \$0.00                                | \$1,500.00  | \$0.00   |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | OFC                               | \$5.50  | \$0.00                                | \$5.50  | \$0.00   |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | POS                               | \$0.00  | \$19.59                               | \$0.00  | \$19.59  |

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
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Statement covers period  
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**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | POS                               | \$0.00  | \$3.90                                | \$0.00  | \$3.90   |
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | PRO                               | \$0.00  | \$1,500.00                            | \$0.00  | \$1,500.00   |
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                      | CNS                               | \$0.00  | \$1,500.00                            | \$0.00  | \$1,500.00   |
| Stratton Consulting, Inc.<br>Sacramento, CA 95814                      | CNS                               | \$0.00  | \$2,500.00                            | \$0.00  | \$2,500.00   |

**SUBTOTALS**

Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
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to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA FORM 460  
Page 27 of 32  
I.D. NUMBER 1414380

NAME OF FILER  
Nazarian for Assembly 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc.<br>Covina, CA 91722                           | PRO                               | \$0.00  | \$1,500.00                            | \$0.00  | \$1,500.00   |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| SUBTOTALS  |                                   | \$18,033.78   | \$7,023.49                            | \$18,033.78   | \$7,023.49   |

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 28 of 32

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Chase

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|------|----|--|-------------|
| Constant Contact.com<br>Waltham, MA 02451                                       | WEB  |    |  | \$205.00    |
| Constant Contact.com<br>Waltham, MA 02451                                       | OFC  |    |  | \$205.00    |
| GoDaddy.com, LLC<br>Scottsdale, AZ 85260  | WEB  |    |  | \$187.87    |
| Hayats Kitchen<br>North Hollywood, CA 91601                                     | MTG  |    | 07/17/20 Meeting for 2 persons including candidate | \$91.00     |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$688.87

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 29 of 32              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Chase

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|------|----|---|-------------|
| Hayats Kitchen<br>North Hollywood, CA 91601                                     | MTG  |    | 07/31/20 Meeting for 2 persons including Assemblyman Nazarian           | \$86.98     |
| Tablevine<br>Sacramento, CA 95814   | TRC  |    | 08/19/20 Dinner meeting for 3 persons including Assemblyman Nazarian.   | \$140.82    |
| Maydoon<br>Sacramento, CA 95814   | MTG  |    | 08/27/20 Staff meeting for 2 persons including Assemblyman Nazarian     | \$119.14    |
| Southwest Airlines<br>Dallas, TX 75235  | TRC  |    | 07/28/20 Airfare from Sacramento to Burbank RT for Assemblyman Nazarian | \$257.96    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$604.90

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 30 of 32              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Chase

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|---|------|----|--|-------------|
| Southwest Airlines<br>Dallas, TX 75235  | TRC  |    | 8/18/20 Airfare Sacramento to Burbank RT for Assemblyman Nazarian  | \$277.96    |
| Southwest Airlines<br>Dallas, TX 75235  | TRC  |    | 08/25/20 Airfare Sacramento to Burbank RT for Assemblyman Nazarian | \$243.98    |
| Tablevine<br>Sacramento, CA 95814   | MTG  |    | 08/05/20 Meeting for 5 persons including Assemblyman Nazarian      | \$144.63    |
| Kansen Chu for Supervisor 2020<br>San Jose, CA 95132                            | CTB  |    |  | \$1,000.00  |
| 1418629   |      |    |  |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1666.57

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

Page 31 of 32

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                     | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. |   | SUBTOTALS   |  |  |   |                             |                                      |                                       |

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

\*\* If Required

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 32 of 32              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nazarian for Assembly 2020

I.D. NUMBER  
1414380

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

## Schedule I Summary

- Increases to cash of \$100 or more this period..... \$ .00
- Unitemized increases to cash under \$100 this period..... \$ .00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC